

AMENDED IN SENATE JULY 7, 2015
AMENDED IN ASSEMBLY MAY 28, 2015
AMENDED IN ASSEMBLY MAY 14, 2015
AMENDED IN ASSEMBLY APRIL 7, 2015

CALIFORNIA LEGISLATURE—2015–16 REGULAR SESSION

ASSEMBLY BILL

No. 366

Introduced by Assembly Member Bonta
(Principal coauthor: Assembly Member Gomez)

(Principal coauthor: Senator Hernandez)

(Coauthors: Assembly Members Achadjian, Bigelow, Bonilla, Burke, Campos, Chiu, Chu, Cooley, Cooper, Dababneh, Dodd, Frazier, Gatto, Gonzalez, Gray, Roger Hernández, Jones-Sawyer, Lackey, Levine, Lopez, Low, Maienschein, McCarty, Medina, Nazarian, O'Donnell, Perea, Quirk, Rendon, Ridley-Thomas, Rodriguez, Salas, Santiago, Steinorth, Mark Stone, Thurmond, Ting, Waldron, Wilk, and Wood)

(Coauthors: Senators Block, Cannella, Galgiani, Hall, Hertzberg, Hill, Jackson, Pan, Pavley, Roth, Stone, Wieckowski, and Wolk)

February 17, 2015

An act to add Section 14105.2 to the Welfare and Institutions Code, relating to Medi-Cal.

LEGISLATIVE COUNSEL'S DIGEST

AB 366, as amended, Bonta. Medi-Cal: annual access monitoring report.

Existing law establishes the Medi-Cal program, administered by the State Department of Health Care Services, under which health care

services are provided to qualified, low-income persons. The Medi-Cal program is, in part, governed and funded by federal Medicaid Program provisions. Under the federal Patient Protection and Affordable Care Act, existing state law extends Medi-Cal eligibility to childless adults under 65 years of age.

This bill would require the State Department of Health Care Services, by March 15, 2016, and annually thereafter by February 1, to submit to the Legislature, and post on the department's Internet Web site, a Medi-Cal access monitoring report providing an assessment of access to care in Medi-Cal and identifying a basis to evaluate the adequacy of Medi-Cal reimbursement rates and the existence of other barriers to access to care, as specified. The bill would require the department to hold a public meeting to present and discuss the access monitoring report at least once annually, and would require the department to accept public comment from stakeholders at the public meeting. The bill would authorize the department to enter into ~~an interagency agreement with the University of California~~ *a contract with an independent entity* to perform an ongoing assessment of access to care and the adequacy of provider payments in Medi-Cal. The bill would require, to the extent funding is provided in the annual Budget Act and federal financial participation is available, rate increases to be implemented for services, provider types, or geographic areas for which rates are identified in the annual report as inadequate.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 14105.2 is added to the Welfare and
- 2 Institutions Code, to read:
- 3 14105.2. (a) The Legislature finds and declares all of the
- 4 following:
- 5 (1) California has significantly reduced the number of uninsured
- 6 persons by expanding the Medi-Cal program under the federal
- 7 Patient Protection and Affordable Care Act (Public Law 111-148).
- 8 (2) It is important to ensure adequate access to care in the
- 9 Medi-Cal program as new enrollees seek appropriate care.
- 10 (3) The state needs to assess the gaps in access to care and act
- 11 swiftly to address those gaps.

1 (4) One area of anticipated need is the availability of more
2 Medi-Cal providers.

3 (5) California's Medi-Cal provider reimbursement rates have
4 historically been among the lowest in the nation.

5 (6) During recent years, the state has reduced reimbursement
6 rates to Medi-Cal providers due to budget constraints.

7 (7) An assessment of gaps in access should include a
8 determination of whether current provider rates are sufficient to
9 ensure access to care.

10 (b) Therefore, it is the intent of the Legislature that an annual
11 access monitoring report provide a valid, clear, and public
12 assessment of access to care in Medi-Cal, and provide a basis to
13 evaluate the adequacy of Medi-Cal rates and the existence of other
14 barriers to access to care.

15 (c) Notwithstanding Section 10231.5 of the Government Code,
16 by March 15, 2016, and annually thereafter by February 1, the
17 department shall submit to the Legislature, and post on the
18 department's Internet Web site, a Medi-Cal access monitoring
19 report. The report shall be submitted in compliance with Section
20 9795 of the Government Code. The annual report shall:

21 (1) Present results of the department's ongoing access
22 monitoring efforts in fee-for-service and managed care. For
23 managed care, the report shall include results from the Department
24 of Managed Health Care's oversight of provider networks and
25 timely access in Medi-Cal managed care.

26 (2) Compare the level of access to care and services available
27 through Medi-Cal, to the level of access to care and services
28 available to the general population in different geographic areas
29 of California.

30 (3) Include access measurements of sufficient granularity to
31 reflect patient experience of access to particular services or provider
32 types, or in particular geographic areas.

33 (4) Identify particular services, provider types, or geographic
34 areas for which the level of access is less than the level of access
35 to care and services available to the general population in the
36 geographic area. For those services, provider types, or geographic
37 areas, the annual report shall assess and report on the adequacy of
38 provider payment rates and identify any other factors that impede
39 access.

40 (5) Use language clearly understandable to the public.

1 (6) Use more than one valid, generally accepted method to assess
2 access to care.

3 (d) At least once annually, the department shall hold a public
4 meeting to present and discuss the access monitoring report. The
5 department shall accept public comment from stakeholders at the
6 public meeting.

7 (e) The department may enter into ~~an interagency agreement~~
8 ~~with the University of California~~ *a contract with an independent*
9 *entity* to perform an ongoing assessment of access to care and the
10 adequacy of provider payment rates in Medi-Cal.

11 (f) For services, provider types, or geographic areas for which
12 rates are identified in the annual report as inadequate, rate increases
13 shall be implemented to the extent funding is provided in the annual
14 Budget Act and federal financial participation is available.